

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org Web site: www.hawaii.gov/ethics

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LOBBYIST REGISTRATION FORMATE OF HAWAII

(Type or Print Clearly) PARTI LOBBYIST NAME (Last) (Middle) **TELEPHONE** (First) **TEVES** Μ STEPHEN (808) 447-1840 MAILING ADDRESS (Street) FAX (808) 523-3712 841 BISHOP STREET, SUITE 2100 **EMAIL** SMTEVES@HAWAII.RR.COM (City) (State) (Zip Code) HONOLULU **HAWAII** 96813 EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** HAWAII PUBLIC POLICY ADVOCATES, LLC (808) 447-1840 MAILING ADDRESS (Street) FAX (808) 523-3712 841 BISHOP STREET, SUITE 2100 **EMAIL** INFO@HAWAIIPUBLICPOLICY.COM (City) (State) (Zip Code) HONOLULU HAWAII 96813

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE (808) 523-6369 FAX (808) 541-5305
KAMEHAMEHA SCHOOLS		
MAILING ADDRESS (Street) 567 SOUTH KING STREET		
		EMAIL
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
KENDALL K. PAULSEN		(808) 523-6369
MAILING ADDRESS (Street)		FAX (808) 541-5305
567 SOUTH KING STREET		EMAIL KEPAULSE@KSBE.EDU
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96813

Agriculture	✓ Education	✓ Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	✓ Labor & Employment	✓ Transportation
Culture, Arts, Historic Preservation	(Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	(V) Housing	Public Safety & Corrections	
PART IV CERTIFICATI	ON OF LOBBYIST		
		the contract of the contract o	dae correct and complete
I hereby certify that to	he information furnished abov	e is, to the best of my knowied	age, correct and complete.
I hereby certify that to		e is, to the best of my knowled	'98/12
I hereby certify that to	Teva	e is, to the best of my knowled	128/13
I hereby certify that to		e is, to the best of my knowled	128/13 (Date)
Stepf M.	(Signature of Lobbyist)	e is, to the best of my knowled	128/13
Stepf M.	Teva	title of Authorizing office	128/13 (Date)
Stepf M. PART V AUTHORIZAT	(Signature of Lobbyist) TION TO LOBBY		(Date) ER OR PERSON REPRESENTED
PART V AUTHORIZAT	(Signature of Lobbyist) TION TO LOBBY	TITLE OF AUTHORIZING OFFICE DIRECTOR, COMMUNIT	(Date) ER OR PERSON REPRESENTED
PART V AUTHORIZAT NAME KENDALL K. PAULSE	(Signature of Lobbyist) TION TO LOBBY N applicable)	TITLE OF AUTHORIZING OFFICE DIRECTOR, COMMUNIT	(Date) ER OR PERSON REPRESENTED Y RELATIONS
PART V AUTHORIZAT NAME KENDALL K. PAULSE NAME OF ORGANIZATION (if	(Signature of Lobbyist) TION TO LOBBY N applicable)	TITLE OF AUTHORIZING OFFICE DIRECTOR, COMMUNIT	(Date) ER OR PERSON REPRESENTED Y RELATIONS TELEPHONE
PART V AUTHORIZAT NAME KENDALL K. PAULSE NAME OF ORGANIZATION (if KAMEHAMEHA SCHO	(Signature of Lobbyist) TION TO LOBBY N applicable) OOLS	TITLE OF AUTHORIZING OFFICE DIRECTOR, COMMUNIT ((Date) ER OR PERSON REPRESENTED Y RELATIONS TELEPHONE (808) 523-6369
PART V AUTHORIZAT NAME KENDALL K. PAULSE NAME OF ORGANIZATION (if KAMEHAMEHA SCHO MAILING ADDRESS (Street)	(Signature of Lobbyist) TION TO LOBBY N applicable) OOLS	TITLE OF AUTHORIZING OFFICE DIRECTOR, COMMUNIT (CDate) ER OR PERSON REPRESENTED Y RELATIONS TELEPHONE (808) 523-6369 FAX (808) 541-5305 EMAIL

(Signature of Authorizing Officer or Person Represented)

(Date)